

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

163-032260

STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4410

FILED AUG 28 1963

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY JACKSON	
b. CITY (If outside corporate limits, give TOWNSHIP only) KANSAS CITY		c. CITY OR TOWN KANSAS CITY	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION ST. LUKE'S HOSPITAL		d. STREET ADDRESS 1001 E. ARMOUR	
3. NAME OF DECEASED (Type or print) First MARY Middle B. Last HALL		4. DATE OF DEATH Month 8 - Day 6 - Year 1963	
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 12-25-1891
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOMEMAKER		11. BIRTHPLACE (City and state or country) KEARNEY, MISSOURI	
13a. FATHER'S NAME LEE HALL		13b. MOTHER'S MAIDEN NAME IDA BURTON	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		17. INFORMANT 6016 BARRYMORE ROAD LEONARD NEFF, HICKMAN MILLS, MO.	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Hepatic Coma DUE TO (b) Complete Biliary Obstruction DUE TO (c) Carcinoma Ampullary Area, suspected.		INTERVAL BETWEEN ONSET AND DEATH 1 day. 6 weeks. "	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a). ② General Arteriosclerosis ③ Hypertensive Vascular Disease			
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21. I attended the deceased from July 20, 1963, to 6 Aug. 1963 and last saw him alive on 6 Aug. 1963. Death occurred at 7:10 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Philip G. Kaul M.D.		22b. ADDRESS 4320 Wornall Rd. KC. 11, Mo.	
22c. DATE AUG. 9, 1963		22d. DATE SIGNED 8-6-1963	
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. NAME OF CEMETERY OR CREMATORY FAIRVIEW CEMETERY	
23c. LOCATION (City, town, or county) KEARNEY MISSOURI		23d. LOCATION (State)	
24. FUNERAL DIRECTOR W.W. NEWCOMBS SONS, K.C., Mo.		25. DATE RECD. BY LOCAL REG. 8-7-63	
26. REGISTER'S SIGNATURE Ruth Long			

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

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USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF
Philip G. Kaul
MEDICAL CERTIFICATION

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Thomas W. Brown

Licensed Embalmer No. 4889

P. O. Address Lathrop, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.